### **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jury V. T. KANCHZHEN

Serial No.: 08/952,194

Group No.:

3737

Filed:

November 10, 1997

Examiner:

Ken Schaetzle

For:

DEVICE "BIOTRON TSZYAN-2" FOR TRANSMITTING A

NATURAL INFORMATION SUPPLY TO A BIOLOGICAL OBJECT

Attorney Docket No.: U 011457-4

Assistant Commissioner of Patents Washington, D.C. 20231

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RECEIVED

OCT 0 7 1999

Group 3700



Sir:

# <u>A M E N D M E N T</u>

In response to the Official Action of March 24, 1999, it is requested that the following amendments be made.

### IN THE TITLE

Amend the title to read -- DEVICE FOR TRANSMITTING A NATURAL INFORMATION SUPPLY TO A BIOLOGICAL OBJECT --

### CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231

Date: August 24, 1999

JULIAN H. COHEN

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Signature of person mailing paper)

90.00 ID

09/02/1999 CCETIN 00000096 (

#Gp 3737

## Practitioner's Docket No. <u>U 011457-4</u>

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In re application of:

Jury V. T. KANCHZHEN

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For: DEVICE "BIOTRON TSZYAN-2" FOR TRANSMITTING A NATURAL

INFORMATION SUPPLY TO A BIOLOGICAL OBJECT

Assistant Commissioner for Patents Washington, DC 20231

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#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2.	Applicant is				
	×	a sma	Il entity. A statement:		
			is attached.		
		×	was already filed.		
		other than a small entity.			

#### CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

## **MAILING**

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Date: August 24, 1999

#### **FACSIMILE**

ransmitted by facsimile to the Patent and Trademark

Signature

JULIAN H. COHEN

(Type or print name of person certifying)

(Amendment Transmittal—page 1 of 4)

## **EXTENSION OF TERM**

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.						
	and/or shorter course,	entry of a Notice of Appeal of a notice of appeal of the statutory period unless the	ter a Final Office Action, an extension or filing and/or entry of an additional timely-filedresponse placed the application of the shortened statutory per D.G. 34-35).	amendment after expiration of the tion in condition for allowance. Of			
NOTE:	See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.						
3.	The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.						
		(compi	ete (a) or (b), as applicable)				
•	(a)		ions for an extension of time und				
		Extension	Fee for other than	Fee for			
		(months)	small entity	small entity			
		one month	\$ 110.00	\$ 55.00			
	$\boxtimes$	two months	\$ 380.00	\$ 190.00			
		three months	\$ 870.00	\$ 435.00			
		four months	\$ 1,360.00	\$ 680.00			
			Fee: \$ <u>190.0</u>	<u>00</u>			
If an a	ddition	al extension of time is rec	quired, please consider this a pet	ition therefor.			
		(check and co	omplete the next item, if applicab	le)			
	An extension for months has already been secured. The fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.						
		Extension fee of	lue with this request \$ _190.	00			
			OR				

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

(b)

#### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

Α									OTHER 1	THAN
A	(	Col.1)		(Col. 2)	(Col. 3)	SMALL	ENTITY		SMALL E	NIITY
	Re	Claims emaini After nendm	ng	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total		*	Minus	**	=	x \$ 9 =	\$		x \$18 =	\$
Indep.		*	Minus	***	=	x \$39 =	\$		x \$78 =	\$
□ Fi	rst Pre	esentat	ion of Mu	ltiple Depende	ent Claim	+ \$130 =	\$		+ \$260 =	\$
** If *** If T	f the "H f the "H The "Hi Col. I o	Highest Highest Shest Not a prior	No. Previous No. Previous o. Previously r amendmen  fter final reje	than the entry in sly Paid For" IN sly Paid For" (Total t or the number of ection or action ( ement of form who	THIS SPAC THIS SPAC all or Indep.) of claims ori § 1.113) ame aich has been	E is less than 2: E is less than 3: is the highest niginally filed.	0, enter "20, enter "3". umber foun  e made cand  R 1.116(a)	d in the	laims or comply	
	(c)	×	No a	dditional fee 1	for claims	is required.				
				,	OR					
(d)  Total additional fee for claims required \$  FEE PAYMENT										

### FEE DEFICIENCY

Attached is a check in the sum of \$ 190.00.

A duplicate of this transmittal is attached.

Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_

5.

 $\boxtimes$ 

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

<b>6</b> . l		If any additional extension and/or fee is required, charge Account No. 12-0425.				
		AND/OR				
ĵ		If any additional fee for claims is required,	charge Account No. 12-0425.			
			SIGNATURE OF PRACTITIONER			
Reg. No.	. 2030	02	JULIAN H. COHEN			
			(Type or print name of practitioner)			
Tel. No.	212-7	708-1887	26 West 61st Street			
			P.O. Address			
Custome	r No.		New York, NY 10023			